

SOUTH CAROLINA DEPARTMENT OF EDUCATION
APPLICATION FOR PARTICIPATION 20__–20__
NATIONAL SCHOOL LUNCH, SCHOOL BREAKFAST, AFTERSCHOOL SNACK, AND FOOD DISTRIBUTION PROGRAMS

School Food Authority:_____

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Name of School/Site	Grades Served	Meal Count Procedure *			Type of Mgmnt **	Type of Meal Service ***	SMI Initiative ****	NSLP Charges Children		SBP Charges Children		ASP Charges Children		Estimated Enrollment	Estimated Participants					No. Cafeteria Employees Paid by Food Service	
		B	L	S				Full Price	Red. Price	Full Price	Red. Price	Full Price	Red. Price		Pricing			Non Pricing			
		B	L	S				Full Price	Red. Price	Full Price	Red. Price	Full Price	Red. Price		Free	Red. Price	Full Price	Free	Full Paid	Full-Time	Part-Time
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17.																					

*Meal Count Procedure (**B**reakfast, **L**unch, **S**nack)
CODE
A Verbal Identifier
B Coded ticket collected
C Coded ticket tallied mechanically
D Automated tab cards
E Bar code scan
F Personal identifier electronic read
G Other – State Office approved

**Type of Management
CODE
SO Self-operated
MC Food Service Management Company

***Type Meal Service
CODE
OS On-site Kitchen
BK Base Kitchen
RB Receiving – Bulk
RP Receiving - Preplated

****School Meal Initiative Option implemented in each school.
CODE
Option **1** – Enhanced Food Based
Option **2** – NuMenus
Option **3** – Assisted NuMenus
Option **4** – Traditional Food Based

For School Districts Only
Adult Meal Prices
School Lunch Program: _____
School Brkfast Program: _____

For RCCIs and Private/ Parochial Schools Only
Employer Identif. # _____
Mailing Address for Reimbursement Check

We certify that the above information is true and correct.

(District Superintendent/SFA Official)

(Date)

(District School Food Service Director/Supervisor/Program Contact)

(Date)

STATE OFFICE USE ONLY APPROVED:

Director, Office of School Food Services and Nutrition

Date